

Slip Issue Slip Here

POSITION	ID NO.	DATE
CLASSIFIER	30	
EXAMINER	10	5-5-64
TYPIST	243	9/16/61
VERIFIER	252	8/15/64
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

# INDEX OF CLAIMS

Claim	Date
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Claim	Date
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## SYMBOLS

✓ ..... Rejected  
 - ..... Allowed  
 (Through numbers) ..... Cancelled  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Opposed